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Application Number	10/726,161
Filing Date	December 2, 2003
First Named Inventor	Martin Stanley Johnson
Art Unit	2856
Examiner Name	Tamiko D. Bellamy
Attorney Docket Number	IMV 40010

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:

☒ Applicant/Inventor.

☐ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
Assignee of record of the entire interest. See 37 CFR 3.71.

SIGNATURE of Applicant or Assignee of Record

Name	Martin Stanley Johnson		
Signature	<i>M. Johnson</i>		
Date	12 th August	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative (s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313 -1-50. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 -1450.

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PTO/SB/82 (09-03)

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Application Number	10/726,161
Filing Date	December 2, 2003
First Named Inventor	Ulrich Fink
Art Unit	2856
Examiner Name	Tamiko D. Bellamy
Attorney Docket Number	IMV 40010

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ I hereby appoint the practitioners associated with the Customer Number:

21015

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<input type="checkbox"/> Firm or individual name					
Address					
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Telephone		Fax			

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Assignee of record of the entire interest. See 37 CFR 3.71.

SIGNATURE of Applicant or Assignee of Record

Name	Ulrich Fink		
Signature			
Date	16 August 2004	Telephone	+1 763 488 5438

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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